## REQUEST FOR IDENTIFICATION TAGS

Property Control regulations, Chapter 3, Paragraph 309B.	
Agency Property Number _	
Agency Name _	
Agency Address _	
-	
<del>-</del>	
Number of Tags _	
Beginning Number_	
-	
-	
Date	Assigned Auditor
Type or Print Name	Property Manager Signature
*************	For LPAA Use Only
Date Ordered _	
Job Number _	
Invoice Number	